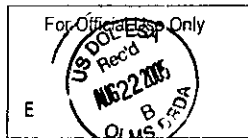


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



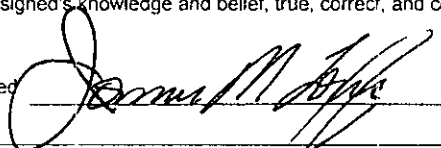
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>10462</b>	2. Fiscal Year Covered From <b>01 / 01 / 04</b> Through: <b>12 / 31 / 04</b>
3. Name and address of person filing.  Name <b>James M Long</b>  P.O. Box, Bldg., Room No., if any  Street <b>1933 W. Caldwell</b>  City <b>Visalia</b>  State <b>CALIFORNIA</b> ZIP Code + 4 <b>93277 8050</b>	4. Name, file number, and address of labor organization.  Name <b>Tenn-Tus Local 948</b>  Labor Organization File Number <b>039-853</b>  P.O. Box, Building and Room Number, if any  Street <b>1933 W. Caldwell</b>  City <b>Visalia</b>  State <b>CALIFORNIA</b> ZIP Code + 4 <b>93277-8050</b>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.          7. b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On <b>8/15/05</b> (559) <b>625-1061</b> Date Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Transitas Trust Fund Delta Health</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street <i>1234 W. Oak Street</i></p> <p>City <i>Stockton</i></p> <p>State <i>California</i> ZIP Code + 4 <i>95269-2350</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><i>Trust Provides Medical Health Care To our members</i></p>
<p>11.b. Approximate dollar value of such dealing.</p>	<p>12.a. Nature of interest held or income received.</p> <p><i>Reimbursement, and Incidental. Estimated value of meal provided while attending the Trust meeting</i></p>
<p>12.b. Amount.</p>	<p><i>\$1026.95</i></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Health Services Benefits Administration</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>160 Airway Blvd.</u></p> <p>City <u>Livermore</u></p> <p>State <u>CALIFORNIA</u> ZIP Code + 4 <u>94550</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p>c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>JOINT BENEFIT TRUST</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 2109</u></p> <p>Street <u>160 Airway Blvd.</u></p> <p>City <u>Livermore</u></p> <p>State <u>CALIFORNIA</u> ZIP Code + 4 <u>94550</u></p>	<p>11.a. Nature of such dealing</p> <p><u>Provides Administrative Services For Joint Benefit Trust For our Members.</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>Estimated of meal provided Amount.</u></p> <hr/> <p>12.b. Amount. <u>\$85.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment _____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment _____</p>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Bright NOW Dental</i></p> <p>Trade Name, if any: <del>XXXXXXXXXX</del></p> <p>P.O. Box, Bldg., Room No., if any <i>Suite 700</i></p> <p>Street <i>201 EAST SANDPOINT AVE</i></p> <p>City <i>SANTA ANNA</i></p> <p>State <i>CALIFORNIA</i> ZIP Code + 4 <i>92707</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name <i>Teamsters Trust Fund; Delta Health</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>1234 W. Oak Street</i></p> <p>City <i>Stockton</i></p> <p>State <i>CALIFORNIA</i> ZIP Code + 4 <i>95269-2350</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>Provides Dental Services To our members Through Teamsters Trust Fund; Delta Health.</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>Estimated of mon / provided amount</i></p> <p>12.b. Amount. <i>\$100.00</i></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

## LM-30 Part B

Name of Trustee  
Name of Tust Fund

James Long  
Teamsters Trust Fund

2004

Month	Date	Event	Expense Reimbursement	Meals	Lodging	Incidentals	TOTAL
January							
February	10	Quarterly Board of Trustees Meetings		\$24.21			\$24.21
March							
April							
May							
June	2-3	Quarterly Board of Trustees Meetings		\$139.28	\$501.76	\$24.00	\$665.04
July							
August							
September	20-21	Quarterly Board of Trustees Meetings		\$89.50	\$225.82		\$315.32
October							
November	18	Quarterly Board of Trustees Meetings		\$22.38			\$22.38
December							
TOTAL EXPENSES							\$1,026.95